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**State:** Arkansas **Filing Company:** UnitedHealthcare Insurance Company  
**TOI/Sub-TOI:** MS08G Group Medicare Supplement - Standard Plans 2010/MS08G.001 Plan A 2010  
**Product Name:** GROUP MEDICARE SUPPLEMENT  
**Project Name/Number:** ADVERTISING/FM12-760

## Filing at a Glance

Company: UnitedHealthcare Insurance Company  
Product Name: GROUP MEDICARE SUPPLEMENT  
State: Arkansas  
TOI: MS08G Group Medicare Supplement - Standard Plans 2010  
Sub-TOI: MS08G.001 Plan A 2010  
Filing Type: Advertisement  
Date Submitted: 10/11/2012  
SERFF Tr Num: UHLC-128723911  
SERFF Status: Closed-Filed-Closed  
State Tr Num:  
State Status: Filed-Closed  
Co Tr Num: FM12-760  
  
Implementation: On Approval  
Date Requested:  
Author(s): Tammy Frederick  
Reviewer(s): Stephanie Fowler (primary)  
Disposition Date: 10/16/2012  
Disposition Status: Filed-Closed  
Implementation Date:

State Filing Description:

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**TOI/Sub-TOI:** MS08G Group Medicare Supplement - Standard Plans 2010/MS08G.001 Plan A 2010  
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**Project Name/Number:** ADVERTISING/FM12-760

## General Information

Project Name: ADVERTISING	Status of Filing in Domicile: Not Filed
Project Number: FM12-760	Date Approved in Domicile:
Requested Filing Mode: File & Use	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Group Market Type: Association	Overall Rate Impact:
Filing Status Changed: 10/16/2012	
State Status Changed: 10/16/2012	Deemer Date:
Created By: Tammy Frederick	Submitted By: Tammy Frederick
Corresponding Filing Tracking Number: FM12-760	

### Filing Description:

Submitted for your review, is advertising for use in connection with the AARP group health insurance plans. The enclosed advertising is substantially similar in content to advertising previously approved by the Department on 11/28/2010 under the State's Tracking Number: 44550.

The enclosed materials will be utilized with the following which were approved by the Department on 11/5/09, under State Tracking number 43459 .

Standardized Medicare Supplement Certificates: MDA 0001 – MDN 0007 (Mass Marketed)  
Standardized Medicare Select Certificate: MDSC 0008, MDSF 0009 (Mass Marketed)  
Plan Benefit Tables: BT25 – BT33  
BT002 ST AB, CF, KLN  
BT002 ST CCSelect,  
BT002 ST FFSelect  
Plan Overviews: POV3, POV4  
Rules & Disclosures: RD4, RD5  
Premium Rate Pages: MRP0001 (Med Supp), MRP0002 (Med Select) - - (All Non-Agent Marketing Channels)  
MRP0003 (Med Supp), MRP0004 (Med Select) - - (All Marketing Channels)

The following enrollment application will be used with the enclosed advertising material(s) approved by the Department on 12/09/2011 under SERFF Tracking Number UHLC-127641579: S07H49MNWBAR01 01B

## Company and Contact

### Filing Contact Information

Cheryl Gomez, Compliance Manager	cheryl_l_gomez@uhc.com
680 BLAIR MILL RD	215-902-8452 [Phone]
Horsham, PA 19044	

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**Filing Company Information**

UnitedHealthcare Insurance  
Company  
185 Asylum Street  
Hartford, CT 06103  
(860) 702-5000 ext. [Phone]

CoCode: 79413  
Group Code: 707  
Group Name:  
FEIN Number: 36-2739571

State of Domicile: Connecticut  
Company Type: Life and  
Health  
State ID Number:

**Filing Fees**

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: per form, 1 form  
Per Company: No

Company	Amount	Date Processed	Transaction #
UnitedHealthcare Insurance Company	\$50.00	10/11/2012	63709138

<b>SERFF Tracking #:</b>	UHLC-128723911	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	FM12-760
<b>State:</b>	Arkansas	<b>Filing Company:</b>	UnitedHealthcare Insurance Company		
<b>TOI/Sub-TOI:</b>	MS08G Group Medicare Supplement - Standard Plans 2010/MS08G.001 Plan A 2010				
<b>Product Name:</b>	GROUP MEDICARE SUPPLEMENT				
<b>Project Name/Number:</b>	ADVERTISING/FM12-760				

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	10/16/2012	10/16/2012

<b>State:</b>	Arkansas	<b>Filing Company:</b>	UnitedHealthcare Insurance Company
<b>TOI/Sub-TOI:</b>	MS08G Group Medicare Supplement - Standard Plans 2010/MS08G.001 Plan A 2010		
<b>Product Name:</b>	GROUP MEDICARE SUPPLEMENT		
<b>Project Name/Number:</b>	ADVERTISING/FM12-760		

## Disposition

Disposition Date: 10/16/2012

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	WEB WRAP	Filed-Closed	Yes

<b>State:</b>	Arkansas	<b>Filing Company:</b>	UnitedHealthcare Insurance Company
<b>TOI/Sub-TOI:</b>	MS08G Group Medicare Supplement - Standard Plans 2010/MS08G.001 Plan A 2010		
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## Form Schedule

Lead Form Number: GU25003ARWB (11/12)							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Filed-Closed 10/16/2012	GU25003ARWB (11/12)	ADV	WEB WRAP	Initial:	45.000	GU25003ARWB (11-12).pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

# **Your Guide**

## **To AARP Medicare Select and Medicare Supplement Insurance Plans**

### ***Outlines of Coverage and Cover Pages can be Accessed On-line***

This Guide contains detailed information about AARP Medicare Select and AARP Medicare Supplement Insurance Plans.

AARP Medicare Select and Medicare Supplement Insurance Portfolio of Plans, insured by UnitedHealthcare Insurance Company, provides a choice of benefits to AARP members, so you can choose the plan that best fits your individual supplemental health insurance needs.

### **To help you choose the AARP Medicare Select Plan or AARP Medicare Supplement Plan to meet your needs and budget:**

- Look at the [Cover Page](#) on-line, which shows the benefits of each Medicare Select and Medicare supplement plan and any specific provisions that may apply in your state. Also be sure to review the Monthly Premium information. Benefits and cost vary depending upon the plan selected.
- For more information on a specific plan, look at the [Outline\(s\) of Coverage](#) which outline(s) the benefits of that plan. The detailed chart(s) show(s) the expenses Medicare pays, the benefits the plan pays and the specific costs you would have to pay yourself.

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### **Eligibility to Apply**

To be eligible to apply, you must be an AARP member or spouse of a member, age 65 or over, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage.

### **Important Acceptance Information**

- Your acceptance in any plan is guaranteed during your Medicare supplement open enrollment period which lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.
- If you lose health insurance coverage and are an eligible AARP member, you may be considered an “Eligible Person” entitled to guaranteed acceptance and you may have a guaranteed right to enroll in certain AARP Medicare Supplement Plans under specific circumstances. You are required to:
  1. Apply within the required time period following the termination of your prior health insurance plan.
  2. A copy of the termination notice you received from your prior insurer must be submitted in order to successfully process your application. This notice must verify the circumstances of your prior plan’s termination and describe your right to guaranteed issue of Medicare supplement insurance.

If you have any questions on your guaranteed right to insurance, you may wish to contact the administrator of your prior health insurance plan or your local state department on aging.



## ***Questions? Call Toll Free:***

**1-800-523-5800**

Weekdays, 7 a.m. to 11 p.m., Saturday 9 a.m. to 5 p.m., Eastern Time.

Hablamos Español — Llame

**1-800-822-0246**

de lunes a viernes de las 8 a.m. a las 5 p.m.,  
y sábado de las 9 a.m. a las 5 p.m., hora del este.

TTY — for members with speech or hearing impairments —

**711**

Weekdays, 9 a.m. to 5 p.m., Eastern Time.

## **General Information**

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

This on-line material describes the AARP Medicare Select and AARP Medicare Supplement Plans available in your state, but is not a contract, policy, or insurance certificate. Please read your Certificate of Insurance, upon receipt, for plan benefits, definitions, exclusions, and limitations. AARP Medicare Select and AARP Medicare Supplement Plans have been developed in line with federal standards. **However, these plans are not connected with, or endorsed by, the U.S. Government or the federal Medicare program.** The Policy Form No. GRP79171 GPS-1 (G-36000-4) is issued in the District of Columbia to the Trustees of the AARP Insurance Plan. By enrolling, you are agreeing to the release of Medicare claim information to UnitedHealthcare Insurance Company so your AARP Medicare Select or AARP Medicare Supplement Plan claims can be processed automatically.

AARP does not employ or endorse agents, brokers or producers.

**This is a solicitation of insurance. An agent may contact you.**

## **Glossary of Terms**

- **Medicare Eligible Expenses** are the health care expenses of the kinds covered under Medicare Parts A and B that Medicare recognizes as reasonable and medically necessary. Physicians under Medicare can agree to accept Medicare's eligible expenses as their fee amount. Your physician or surgeon may charge you more.
- **Hospital or Skilled Nursing Facility** – A hospital is an institution that provides care for which Medicare pays hospital benefits. A skilled nursing facility is a facility that provides skilled nursing care and is approved for payment by Medicare. The skilled nursing facility stay must begin within 30 days after a hospital stay of 3 or more days in a row or a prior covered skilled nursing facility stay. Both the hospital stay and the skilled nursing facility stay must start while you are covered under this plan. Custodial care does not qualify as an eligible expense.
- **Excess Charge** is the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.
- **Select Hospital** is a hospital that has entered into a written agreement to provide services under a UnitedHealthcare Insurance Company Medicare Select Plan.
- **Medical Emergency** is the sudden and unexpected onset of symptoms, illness, injury, or condition; that if care or services are withheld, would be deemed, under appropriate medical standards, to carry substantial risk of serious medical complication or permanent damage to you.
- **Service Area** is the geographic area within which an issuer is authorized to offer Medicare Select coverage.



- **Lifetime Reserve Days** are limited by Medicare to 60 days during your lifetime. Once these are used, Medicare provides no hospital coverage after 90 days of a benefit period.
- **Hospice Care** means care for those who are terminally ill. Hospice Care focuses on comfort (controlling symptoms and pain) rather than seeking a cure.

## Additional Information

### Exclusions

- Benefits provided under Medicare.
- Care not meeting Medicare's standards.
- Stays beginning, or care or supplies received, before your plan's effective date.
- Injury or sickness payable by Workers' Compensation or similar laws.
- Stays or treatment provided by a government-owned or -operated hospital or facility unless payment of charges is required by law.
- Stays, care, or visits for which no charge would be made to you in the absence of insurance.
- Care or services provided by a non-participating hospital, except in the event of a medical emergency, or if the services are not available from any participating hospital in the service area.
- Any stay which begins, or medical expenses you incur, during the first 3 months after your effective date will not be considered if due to a pre-existing condition. A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 3 months prior to your plan's effective date.

The following individuals are entitled to a waiver of this pre-existing condition exclusion:

1. Individuals who are replacing prior creditable coverage within 63 days after termination, or
2. Individuals who are turning age 65 and whose application form is received within six (6) months after they turn 65 AND are enrolled in Medicare Part B, OR
3. Individuals who are "Eligible Persons" entitled to Guaranteed Acceptance, or
4. Individuals who have been covered under other health insurance coverage within the last 63 days and have enrolled in Medicare Part B within the last 6 months.

Other exclusions may apply; however, in no event will your plan contain coverage limitations or exclusions for the Medicare Eligible Expenses that are more restrictive than those of Medicare. Benefits and exclusions paid by your plan will automatically change when Medicare's requirements change.

## MEDICARE SELECT DISCLOSURE STATEMENT

Please read this form carefully. The following information is provided in order to make a full and fair disclosure to you of the provisions, restrictions, and limitations of the AARP Medicare Select Plan. Please use the Cover Page, Outlines of Coverage and Rate Information which allows you to compare the benefits and rate of AARP Medicare Select and AARP Medicare Supplement Plans with other Medicare supplement plans.

### Medicare Select Provider Restrictions

**In order for benefits to be payable under this insurance plan, you must use one of the select hospitals located throughout the United States, unless:**

- (1) there is a Medical Emergency; (2) covered services are not available from any select hospital in the Service Area; or (3) covered services are received from a Medicare-approved non-select hospital more than 100 miles from your Primary Residence.

In the case of (3) above, the following benefits may be payable subject to the terms and conditions of this plan:

- 75% of the Part A Medicare Inpatient Hospital Deductible amount per Benefit Period;
- 75% of the Part A Medicare Eligible Expenses not paid by Medicare; and
- 75% of the Part B Medicare Eligible Expenses for outpatient hospital services not paid by Medicare.

**Only certain hospitals are network providers under this policy. Check with your physician to determine if he or she has admitting privileges at the Network Hospital. If he or she does not, you may be required to use another physician at the time of hospitalization or you will be required to pay for all expenses.**

## **Right to Replace Your Medicare Select Plan**

You have the right to replace your AARP Medicare Select Plan with any other AARP Medicare Supplement Plan insured by UnitedHealthcare Insurance Company that has the same or lesser benefits as your current insurance and which does not require the use of participating providers, without providing evidence of insurability.

## **Quality Assurance**

Participating providers are required to maintain a quality assurance program conforming with nationally recognized quality of care standards.

## **FOR YOUR PROTECTION, PLEASE BE AWARE OF THE FOLLOWING:**

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### **Important Information About Cancellation**

Your coverage can never be canceled because of your age, your health, or the number of claims you make. Your Medicare supplement plan may be canceled due to nonpayment of premium or material misrepresentation. If your group policy terminates and is not replaced by another group policy providing the same type of coverage, you may convert your AARP Medicare Select Plan or AARP Medicare Supplement Plan to an individual Medicare supplement policy issued by UnitedHealthcare Insurance Company. Of course, you may cancel your AARP Medicare Select Plan or AARP Medicare Supplement Plan any time you wish. All transactions go into effect on the first of the month following receipt of the request.

### **The AARP Insurance Trust**

AARP established the AARP Insurance Plan, a trust, to hold the master group insurance policies. The AARP Medicare Supplement Insurance Plan is insured by UnitedHealthcare Insurance Company, not by AARP or its affiliates. Please contact UnitedHealthcare Insurance Company if you have questions about your policy, including any limitations and exclusions.

Premiums are collected from you by the Trust. These premiums are paid to the insurance company for your insurance coverage, a percentage is used to pay expenses, benefitting the insureds, and incurred by the Trust in connection with the insurance programs. At the direction of UnitedHealthcare Insurance Company, a portion of the premium is paid as a royalty to AARP and used for the general purposes of AARP. Income earned from the investment of premiums while on deposit with the Trust is paid to AARP and used for the general purposes of AARP.

Participants are issued certificates of insurance by UnitedHealthcare Insurance Company under the master group insurance policy. The benefits of participating in an insurance program carrying the AARP name are solely the right to receive the insurance coverage and ancillary services provided by the program.



**Medicare Supplement Plans**

insured by **UnitedHealthcare  
Insurance Company**

AARP Medicare Select and AARP Medicare Supplement Plans  
Insured by UnitedHealthcare Insurance Company

**1-800-523-5800**

For more information about the family of health products and services

Visit [www.aarphealthcare.com](http://www.aarphealthcare.com)